



State Form 10763  
(R/11-01)

Fiscal content SBA Approved - 1982

Indiana Department of Revenue  
**Aircraft Dealer Registration  
Application**

Check One: ☐ New Dealer Application ☐ Aircraft Dealer Renewal

Official Use Only

Dealer Reg. No. \_\_\_\_\_

Approved ☐

Denied ☐

Please print legibly or type the information on this application

Indiana Retail Merchant's Number (Must obtain BEFORE applying)		Federal I.D. Number	
Owner name, Legal name, Partnership name, Corporate name or Other entity name -- If sole owner (Last name, First name, Middle Initial)			
Business Trade Name or Doing Business as (DBA) Name			
Street Mailing Address #1 _____			
Street Mailing Address #2 _____			
City		State	Zip Code
1. Check the type of organization of this Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____			
2. All corporations please answer the following questions: A. State of Incorporation _____ B. Date of Incorporation _____ C. State of Commercial Domicile _____ D. If not incorporated in Indiana enter the date authorized to do business in Indiana ____/____/____. E. Accounting period year ending date: ____/____/____ (Month / Day / Year)			
3. Name(s) of owners, partners, or officers:			
Name:		Name:	
Title:		Title:	
Address:		Address:	
City:	State:	Zip Code:	City:
State:	Zip Code:	City:	State:
Zip Code:	City:	State:	Zip Code:
Social Security Number:		Social Security Number:	
<i>Attach additional sheets if necessary</i>			
4. Name of Contact Person		5. Contact Daytime Telephone Number: (    )	
6. Name of Airport of Operation		7. County (of Airport location)	
8. Established place of business: A. Office located at airport <input type="checkbox"/> Yes <input type="checkbox"/> No      Office located at residence <input type="checkbox"/> Yes <input type="checkbox"/> No Office located at other facility <input type="checkbox"/> Yes <input type="checkbox"/> No      Specify other facility location _____ B. Place of Business has exterior sign identifying dealer by name <input type="checkbox"/> Yes <input type="checkbox"/> No C. Advertised as aircraft dealer in the following 1. Telephone Book <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Internet <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Other <input type="checkbox"/> Yes <input type="checkbox"/> No      Specify: _____ D. Insured or bonded as commercial business in aircraft sales <input type="checkbox"/> Yes <input type="checkbox"/> No			

Turn the Page

9. Calendar Year Applying for a Dealer Registration \_\_\_\_\_

(If applying in December, you may indicate the next calendar year)

10. Twenty-five dollar (\$25) non-refundable registration processing fee must be submitted with this application made payable to :  
**Indiana Department of Revenue.**

11. All aircraft dealer renewals must complete the following information for the past eleven (11) month period. If you have been an aircraft dealer for less than eleven months indicate time period being reported.

Time Period from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month / Year Month / Year

**A. In state aircraft sales**

1. Total **number** of taxable aircraft sold in Indiana \_\_\_\_\_
2. Total **dollar** amount of taxable sales in Indiana \$ \_\_\_\_\_
3. Total **number** of aircraft sold in Indiana as exempt purchases \_\_\_\_\_
4. Total **dollar** number amount of exempt aircraft sales \$ \_\_\_\_\_

**B. Out of state aircraft sales**

1. Total **Number** of aircraft sold out of Indiana \_\_\_\_\_
2. Total **Dollar** amount of aircraft sold out of Indiana \$ \_\_\_\_\_

**C. Inventory aircraft**

1. **Number** of aircraft currently held in inventory for resale \_\_\_\_\_
2. **Number** of aircraft currently being used for non-dealer use \_\_\_\_\_

**D. Total income reported from aircraft sales on last income tax return** \$ \_\_\_\_\_

**Common Reasons for Denial**

The following list contains the most common reasons that an application may be rejected. **Please note your \$25.00 registration processing fee is non-refundable if your application is rejected or denied.**

1. Incomplete application submitted. (Example: Indiana Registered Retail Merchant number “applied for” or left blank)
2. Incorrect information submitted. (Example: Federal ID Number not assigned to the entity name on the application)
3. Entity has any outstanding liabilities for any tax type that is not paid or satisfied.
4. Entity has any missing tax returns for any tax types and does not provide copies upon request.

**Signature Section**

**Under penalty of perjury, I certify that the above information contained herein is to the best of my knowledge true and correct.**



Signature

Title

Name (Printed)

Date

This application **must** be signed by the owner, general partner or corporate officer **before it will be accepted by the Department.**

**NOTE:** Failure to remit sales tax due is punishable by imprisonment, a fine of \$10,000 plus a 100% fraud penalty.

The partners or corporate officers are **each** personally, jointly and severally liable for the sales and use tax collected. These taxes are trust fund taxes and are not discharged in bankruptcy proceedings.

**Please direct any questions to (317) 232-1497. Mail To: Indiana Department of Revenue  
Compliance Division - Aeronautics  
P. O. Box 644  
Indianapolis, IN 46206-0644**